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000116 7590 10/21/2004

PEARNE & GORDON LLP
 1801 EAST 9TH STREET
 SUITE 1200
 CLEVELAND, OH 44114-3108

01/14/2005 GWORDOF2 00000033 10725675

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 UP

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Susan K. Naughton	(Depositor's name)
<i>Susan K. Naughton</i>	(Signature)
1-11-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/725,675	12/02/2003	Dale G. Malott	35149US1	5048

TITLE OF INVENTION: RETURN AIR APPARATUS WITH DOWN DRAFT DIVERTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 \$1400	\$300	\$1670 \$1700	01/21/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JOYCE, HAROLD	3749	454-100000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Pearne & Gordon LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Dometic Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Elkhart, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0820 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 10 JAN 05Typed or printed name Michael W. GarveyRegistration No. 35878

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